## NKDEP

## **African Americans & Kidney Disease**

National Kidney Disease Education Program

## **Kidney Disease in African Americans**

- African Americans are four times more likely to develop kidney failure than Caucasians.
- African Americans make up 12 percent of the population but account for 30 percent of people with kidney failure.<sup>1</sup>
- Diabetes and high blood pressure account for more than 70 percent of kidney failure in African Americans.<sup>1</sup>
- A recent NKDEP survey of African Americans found that only 17 percent named kidney disease as a
  consequence of diabetes, and only eight percent named it as a consequence of high blood pressure.<sup>2</sup>
- African American males ages 22 44 are 20 times more likely to develop kidney failure due to high blood pressure than Caucasian males in the same age group.<sup>1</sup>
- Forty-five percent of African American men with kidney failure received late referrals to nephrologists. In some cases people were not aware they had a problem until they needed dialysis.<sup>3</sup>

## **Kidney Disease in the United States**

- Approximately 20 million Americans have kidney disease. The number of people developing kidney failure has doubled each decade for the last two decades.<sup>1</sup>
- In 2001, there were about 400,000 people who had kidney failure, which requires dialysis or a kidney transplant to stay alive. By 2010, an estimated 661,330 individuals will have kidney failure.
- The annual cost of treating patients with kidney failure in the United States is more than \$20 billion.
- In 2000, about the same number of people died with kidney failure as with breast cancer and prostate cancer combined.<sup>4</sup>
- The most common causes of kidney failure are diabetes and high blood pressure.
- Early kidney disease has no symptoms, and can become kidney failure with little or no warning if left undetected. When patients are not tested and treated for kidney disease early, it is usually discovered right before the kidneys fail.
- Kidney failure can be effectively treated if detected early.<sup>5</sup>

<sup>1</sup> U.S. Renal Data System. (2002). National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD

<sup>2</sup> National Kidney Disease Education Program. (2003). NKDEP Survey of African-American Adults' Knowledge, Attitudes and Behaviors Related to Kidney Disease (Draft). National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Bethesda, MD.

<sup>3</sup> Kinchen KS, Sadler J, Fink N, et al: The timing of specialist evaluation in chronic kidney disease and mortality. Ann Intern Med 137: 479-486, 2002. 4 SEER, 2003.

<sup>5</sup> Hostetter, T. (2001). Prevention of end-state renal disease due to type 2 diabetes. New England Journal of Medicine, 345(12): 910-912.